

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)**

SERIAL NO.
10/510220

FILING DATE

APPLICANT

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT			AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1								51					
2		1						52					
3		2						53					
4		0						54					
5		0						55					
6		0						56					
7		0						57					
8		0						58					
9		0						59					
10		0						60					
11		0						61					
12		0						62					
13		0						63					
14		0						64					
15		0						65					
16		0						66					
17		0						67					
18	1		1					68					
19								69					
20								70					
21								71					
22								72					
23								73					
24								74					
25								75					
26								76					
27								77					
28								78					
29								79					
30								80					
31								81					
32								82					
33								83					
34								84					
35								85					
36								86					
37								87					
38								88					
39								89					
40								90					
41								91					
42								92					
43								93					
44								94					
45								95					
46								96					
47								97					
48								98					
49								99					
50								100					
TOTAL IND.	2	↓	2	↓		↓		TOTAL IND.		↓		↓	
TOTAL DEP.	12	←	12	←		←		TOTAL DEP.		←		←	
TOTAL CLAIMS	14		14					TOTAL CLAIMS					